

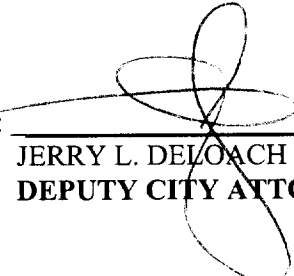
Entered - 10-28-09 sb
CL 09L0833 - GWENDOLYN BURNS

CLAIM OF: **DEBORAH BLOODSOE**
1828 Giben Road, SW
Atlanta, Georgia 30315

10- *R* -0457

For vehicular damages alleged to have been sustained from an automobile accident on September 17, 2009 at University Avenue, SW & Pryor Road, SW.

THIS ADVERSED REPORT IS APPROVED

BY: 
JERRY L. DELOACH
DEPUTY CITY ATTORNEY

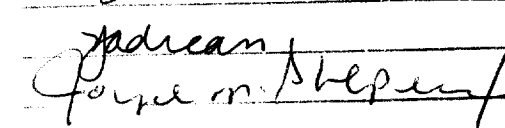
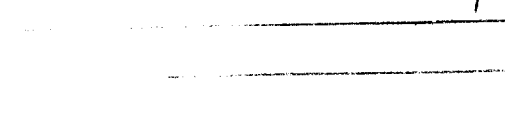
ADVERSE REPORT

PUBLIC SAFETY &

LEGAL ADMINISTRATION COMMITTEE

DATE 3/5/10

CHAR 

MAR 15 2010

MAR 15 2010

MAR 15 2010

ADVERSED BY
CITY COUNCIL



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON
MUNICIPAL CLERK

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6030
FAX (404) 658-6273

March 19, 2010

Ms. Deborah Bloodsoe
1828 Giben Road, SW
Atlanta, Georgia 30315

10-R-0457

Dear Ms. Bloodsoe

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on March 15, 2010. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400**

Sincerely,


Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 09L0833

Date: January 29, 2010

Claimant /Victim DEBORAH BLOODSOE
BY: (Atty) (Ins. Co.) _____
Address: 1828 Giben Road, SW, Atlanta, Georgia 30315
Subrogation: _____ Claim for Property damage \$ 5,154.56 Bodily Injury \$ _____
Date of Notice: 10/27/09 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 9/17/09 Place: University Avenue, SW & Pryor Road, SW
Department POLICE Bureau: _____ Office: _____
Employee involved G. Wade, H. Kimbrough Disciplinary Action: NONE

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damages when its driver followed the directions of the police officer that was directing traffic during a Braves game and collided with another vehicle that was directed to enter the intersection by another foot Police officer. However, the Department of Police operates as a governmental function and is immune from liability for all operations pursuant to O.C.G.A. §36-33-1.

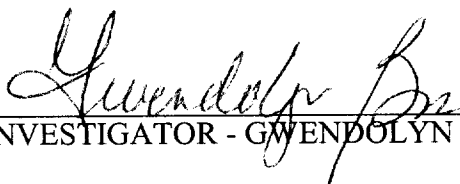
INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

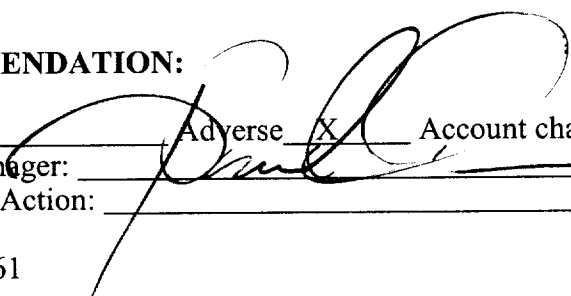
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

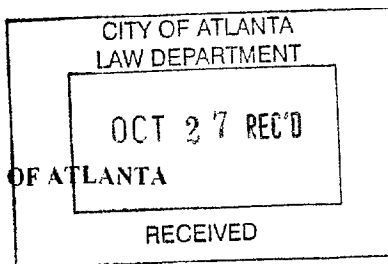
Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: General Fund _____ Water & Sewer _____ Aviation _____
Claims Manager:  Concur/date 02/16/10
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, SW
Atlanta, Georgia 30303



RE: CLAIM FOR DAMAGES

Today's Date:

10/27/09

ENTERED - 10-28-09 - SB
09L0833 - G. BURNS

BURNS
10/28/09
R

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 9,000⁰⁰ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 9/17/09 2. Time of incident: 11:30^P 3. Police called: yes
4. Location of incident (including street address): University Ave + Pryor Rd
5. Name of your insurance company: Oma Policy No. _____
6. State what and how incident occurred: Officers were directing traffic After a Braves game one officer gave James the O.K. to proceed on green light southbound on Pryor Rd and the other officer gave the person who hit James an O.K. to go west bound on a red light causing him to hit James.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle.

Your vehicle: Lincoln 1999 AXY6425 James R. Bloodsue (deceased) 10/18/09
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Shunta Williams
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. Claims must be received within 6 months from the date of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Deborah Bloodsue
Signature of Claimant

Deborah Bloodsue
(Print Claimant's Name)

1828 Giben Rd SW
(Address)

Atlanta, Ga. 30315
(City, State and Zip Code)

4/802-6312 678/755-9479
(Work Number) (Home Number)

10- R -0457

RCS# 124
3/15/10
2:18 PM

Atlanta City Council

REGULAR SESSION

CONSENT I

ADOPT

YEAS: 13
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 2

Y Smith	Y Archibong	Y Moore	Y Bond
B Hall	Y Wan	Y Martin	Y Watson
Y Young	Y Shook	Y Bottoms	Y Willis
Y Winslow	Y Adrean	B Sheperd	NV Mitchell

CONSENT I